



# Parents' points of view: an evaluation of the M' Lop Tapang special needs programme, Cambodia

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## **Chapter 4: Abstract**

M'Lop Tapang is a registered non-governmental organisation working in South West Cambodia and providing services to 5000 vulnerable children and 2500 families.

This evaluation was commissioned to review M'Lop Tapang's special needs programme.

Interviews were conducted with 35 parents / carers of children who receive services from M'Lop Tapang's special needs programme<sup>1</sup>. Nearly all of these parents / carers reported that they had noticed improvements in their children's behaviour or functional ability since attending the programme. Significantly, almost all also reported a dramatic reduction in stress as a result of their child attending the programmes.

While the study revealed many positive aspects of M'Lop Tapang's special needs programme it also highlighted areas for improvement, particularly in areas of parental learning and education.

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<sup>1</sup> <https://www.facebook.com/watch/?v=1742087122495658>



## **Chapter 5: Funding**

This report and the Special Needs Programme at M'Lop Tapang, Cambodia are made possible with the generous support of the Carraresi Foundation in Memory of Augusto Carraresi.

## **Chapter 6: Background**

### **Section 1: Vision**

M'Lop Tapang is a registered non-governmental organisation working in South West Cambodia. M'Lop Tapang envisions an environment where all children are allowed to grow up in their families feeling safe, healthy and happy; a society where all children are respected and treated equally; a community where all children are given choices about their future.

### **Section 2: Mission**

M'Lop Tapang strives to provide a safe haven for vulnerable children of Sihanoukville, offering care and support to any child at risk. M'Lop Tapang offers access to education, reintegration with families, life-skills training and creative and recreational activities, while ensuring protection from all forms of abuse. The efforts of M'Lop Tapang allow underprivileged children to embrace their childhood so they can become responsible adults as well as positive, independent members of society.

## Chapter 7: Introduction



***Figure 1: Progress in the programme = smiles all around***

M'Lop Tapang has been providing services to the Sihanoukville region since 2003. During that time there has been significant environmental and societal changes (Jackie Ong & Smith, 2014), which can bring both benefits and risks to vulnerable members of the community (Sandy, 2009). In a country where most families lack access to even the most basic health, education and social services, Cambodian families with children having learning disabilities have even fewer options (Cordier, 2014; Mak & Nordtveit, 2011; Nuth, 2018). Most

of these children face significant discrimination within the community and are often left isolated in their homes with care predominantly, being provided by their families (Cordier, 2014). When compared to the general population, evidence exists to support the theory that children, young people, their parents, families and carers experience poor health along with lower levels of physical activity (Walsh, 2008; Wouters et al 2019). They are also known to have higher barriers when accessing education and healthcare (Hilgenkamp et al 2012) which further impact upon the feelings of stress and anxieties experienced by the children and their families. The needs of the carers within these families often remains hidden, in part due to the experience of stigma experienced from having a child with a disability (Cordier, 2014). Sivberg (2002) demonstrates that caregivers and families with children that have learning disabilities such as 'Autism' experience greater levels of stress and anxiety in comparison to those who do not. This stressful experience can have a negative impact on the whole family and those involved in delivering education and care strategies (Gray 1993, 2002).

Social stigma and a family's 'place' within community and society and perceived stigma associated with their child's specific needs may impact upon the family's ability to access support services offered, such as those available at M'Lop Tapang. Listening to caregiver/parent feedback and 'getting it right', are both key to helping to understand the perceived and very real barriers to positive child and caregiver experiences at home and within their wider society. It is important therefore to ensure that we make 'every contact count' (Public Health England, 2017) when listening to the voices and choices made by parents and

caregivers for their children and young people. All children are capable and rich in potential, deserving to be at the centre of ideas, initiatives and plans which involve them and their families. This evaluation study aimed to illuminate the vital role of parents by focussing on their views and experiences.

M'Lop Tapang's Special Needs Programme has been operating since 2007. A designated team works with children and their families at M'Lop Tapang's Education Centre as well as with children and families in the local community. The programme is provided for free to the families.



***Figure 2: Practising gross motor skills***

M'Lop Tapang's special needs programme provides daily classes at its Education Centre for children with physical, behavioural and developmental

disabilities, offering regular medical care, nutritional support, organised sports activities, as well as group and individual learning programmes.

The programme is the only one of its kind in the Sihanoukville area. For children unable to attend these daily classes home visits are provided on a regular schedule that includes social and medical support, physical therapy, and parental education.



***Figure 3: Practising gross motor skills through sport***

Through our Outreach activities we have found, and continue to find, a number of children with physical, behavioural and developmental disabilities. In a review of the literature, Venetsanou, & Kambas, (2010) found that socioeconomic factors contribute to developmental delay in young children and note the significant influence of intervention programmes that promote movement.

Movement programmes and family interaction between caregivers/parents and the children and young people are evidenced as being a positive activity that helps prepare them for interpersonal functioning within and out with the family setting (Floyd and Olsen, 2020).

The development of interpersonal skills amongst the special needs programme users can positively impact upon social functioning, communication, self-care skills and relationship building. It is recognised that social skills are just as important as the development of cognitive skills, having an influence upon well-being and adjustment for children and young people with disabilities (Kasari, 2016; Piaget 1936, 1945, 1957).

Many of the children involved in the M'Lop Tapang Special Needs Programme suffer from undiagnosed learning disabilities. There are very few services in all of Cambodia for children with special needs and the programme is the only one of its kind in the Sihanoukville area.



***Figure 4: All children in the special needs programme have health follow-up***



## **Chapter 8: Method**

35 caretakers/parents of children who have received Special Needs services were interviewed for this study.

We used a self-created questionnaire and a member of our research team sat down with the interviewees to complete the form. Interviews were conducted in the community and at M'Lop Tapang's Education Centre.

Cambodia country profile data was obtained from the World Bank<sup>2</sup> and this was used as a comparator for the data obtained from the caretakers/parents involved in the interviews.

The data obtained from caretakers/parents was analysed using SPSS.

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<sup>2</sup> <https://data.worldbank.org/country/cambodia>

## **Chapter 9: Ethical considerations**

The method for this service evaluation was considered and approved by the M'Lop Tapang Executive Management Team under the ethical principles set out in The M'Lop Tapang local Child Protection Policy.

## Chapter 10: Results

### Section 1: Cambodia country profile

Before describing the data obtained from the caretakers/parents who were interviewed in this study, it is necessary to describe the Cambodia country profile so that the responses from the families in this study can be put into context. The latest data available from the World Bank is from 2018/2019<sup>3</sup>:

- Population: 16.25 million
- Gross National Income per capita: \$1390 USD
- Life expectancy at birth (2018): 69 years

The Gross National Income per capita is a very crude measure upon which to base comparisons in the context of families supported by M'Lop Tapang. It is gross national income divided by mid-year population, converted to US Dollars using the World Bank Atlas method.

Since 1990, Cambodia has seen a steady reduction in the under 5 years of age mortality rate (per 1000 live births). In 1990 this was 116 per 1000 live births and in 2018 this has been decreased to 28 per 1000 live births. That said, by

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[https://databank.worldbank.org/views/reports/reportwidget.aspx?Report\\_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=KHM](https://databank.worldbank.org/views/reports/reportwidget.aspx?Report_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=KHM)

comparison, this is still seven times higher than the United Kingdom (with an under 5s mortality rate of 4 per 1000 live births)<sup>4</sup>.

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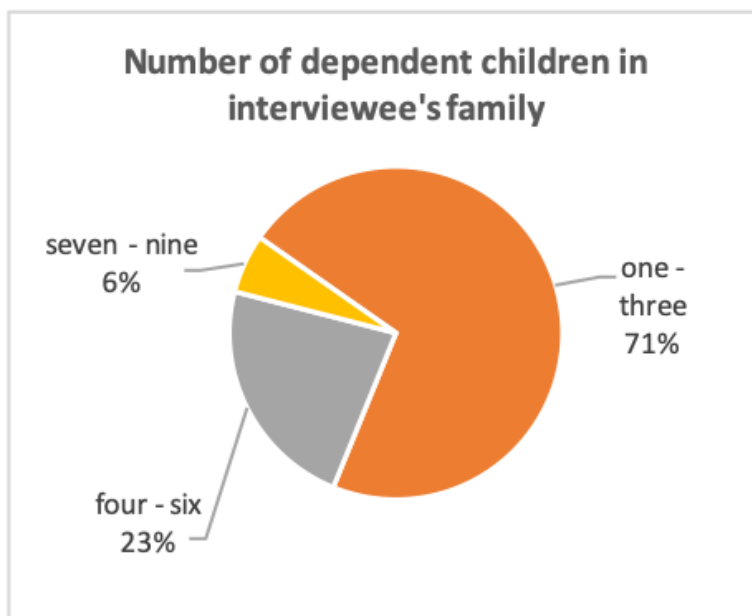
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[https://databank.worldbank.org/views/reports/reportwidget.aspx?Report\\_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=GBR](https://databank.worldbank.org/views/reports/reportwidget.aspx?Report_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=GBR)

## Section 2: Characteristics of survey respondents

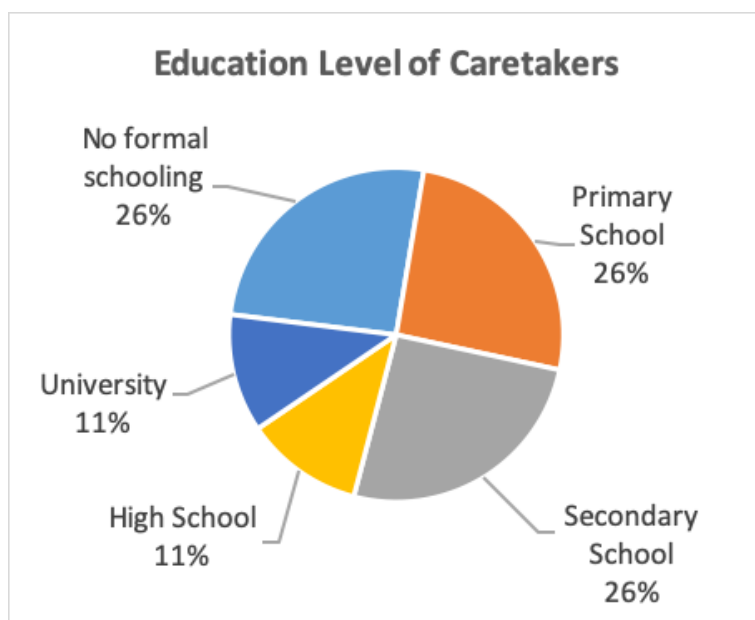
Of the 35 parents and carers who participated in this evaluation, 75% were female with a mean age of 39.6 years of age. 77% of the interviewees were married, 9% were divorced, and 14% were widows/widowers. The interviewees had a monthly (mean) income of \$308 USD.

The majority of participants (71%) cared for up to three children. However almost a quarter (23%) had between four and six children and two participants (6%) had more than seven children dependent upon them (**Figure 5**).



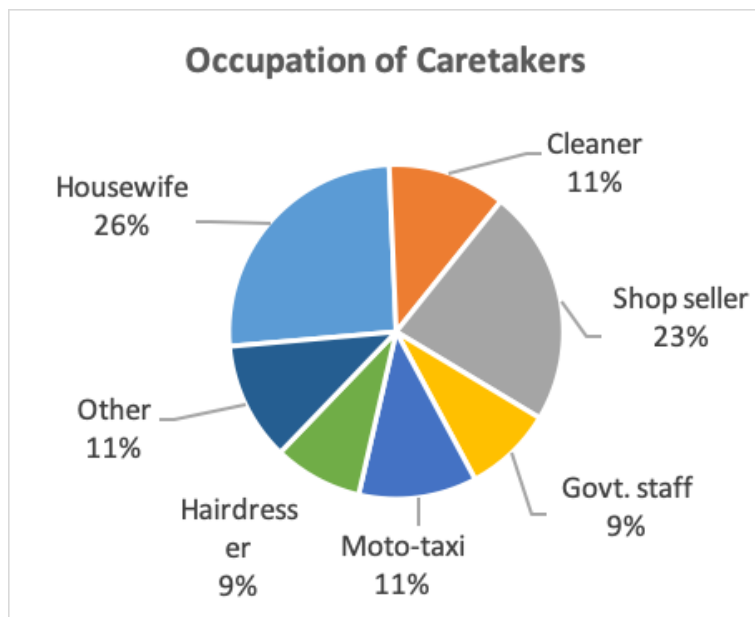
**Figure 5: Dependent children in the respondents' families**

The participants in this study had a range of educational experiences. Notably, more than a quarter of those who participated (26%) had no formal schooling and the same number were only in receipt of primary school education. Therefore, more than half of those interviewed had not received education beyond a pre-adolescent age. In addition to considering the information presented in **Figure 6**, it is important to note that many parents and carers in this study would have been in receipt of education in the 1980's. At that time education provision in Cambodia saw the initial renewal of education provision which sought to extend opportunities for its children (Dy, 2004). Positively, 26% of participants had attended secondary school, with 11% of those completing high school and university.



**Figure 6: Education level of respondents**

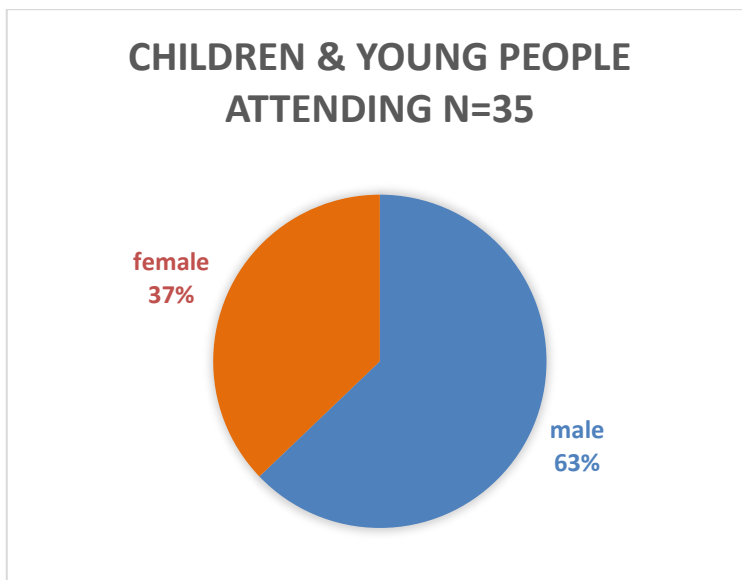
**Figure 7** presents the distribution of occupations across the participating group. A little more than a quarter of participants (26%) were full time housewives, and 9% of interviews worked within the government. The majority of participants worked in the service sectors as shop sellers (23%), moto-taxi drivers (11%), cleaners (11%), hairdressers (9%). Other interviewees were occupied in employment that was not listed (11%).



**Figure 7: Occupation of parent or carer**

### Section 3: Characteristics of the children of the respondents

In total 35 children and young people participated in the study with their parent(s) or guardian (caretaker), out of a potential 48 participants from the programme as a whole. Of the participants, 63% of the children were male and 37% were female (**Figure 8**).

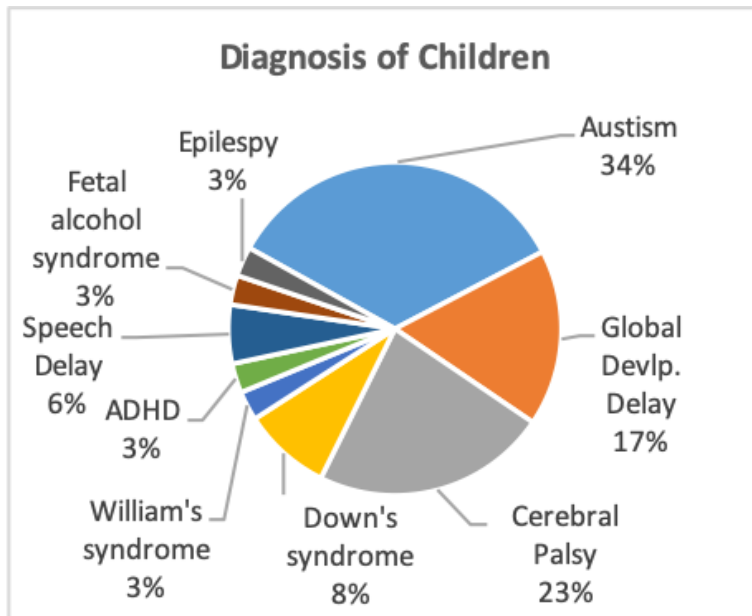


*Figure 8: Male and female children attending the special needs programme at M'Lop Tapang*

The mean age was 9.5 years old (range 3 to 17 years old). 85% were undertaking the Special Needs Programme exclusively at the M'Lop Tapang Education Centre, 9% at home and 6% both at the Education Centre and at home.



**Figure 9** presents the diagnosis of the children attending the special needs service at M'Lop Tapang.



**Figure 9: Diagnosis of child(ren) of respondent**

#### **Section 4: Access to education prior to joining the Special Needs Programme**

66% of the children had never attended public or private school before joining M'Lop Tapang Special Needs Programme. The most common reasons were:

- too young (9%)
- the school did not accept them (26%)
- the parents never tried to send them (65%).

For the children not going to school, more than 50% of the caretakers reported that their children spent most of their time at home watching TV or playing on a mobile telephone. It is interesting to note that it was said that only 9% of children played with other children.

One third of the children had attended local public schools before joining MT Special Needs Programme. Of those that had attended school before, 83% stopped going.

The most common reasons for stopping were that "*my child couldn't learn*" or that "*the school did not have the skills to teach them*".

## Section 5: Reported impact of the Special Needs Programme

100% of those interviewed stated that their child likes being part of the programme, and all but one of the parents/caretakers reported that they had seen positive changes in their children since starting with MT's Special Needs programme. Most parents/caretakers interviewed have seen improvements in more than one area:

- 86% reported positive changes in their child's in ability to feed/dress themselves;
- 74% reported positive changes in their child's speech;
- 74% reported positive changes in their child's health/nutrition;
- 71% reported positive changes in their child's ability to focus;
- 49% reported positive changes in their child's behaviour/ relationships with others; and
- 34% reported positive changes in the child's physical mobility.

*"Now he knows to call us 'Ma' or 'Pa' and he knows the names of his younger siblings too"*

**Figure 10: Quote from the Mother of a 12 year old boy**

*“She can speak 2 or 3 words now, she can put on her own clothes and she knows to go to the toilet when she needs to pee. Before is she needed to pee she would just do it in front of everyone but now she uses the bathroom.”*

**Figure 11: Quote from the Mother of an 11 year old girl**

When asked, most of the parents/caretakers also stated that they had specific goals for their children that they would like MT's Special Needs team to help with. Most of these goals centred around simple life skills, e.g., brushing their teeth, dressing themselves, feeding themselves. A few of the parents' goals were less realistic, i.e. *“Please help my girl to be normal.”*



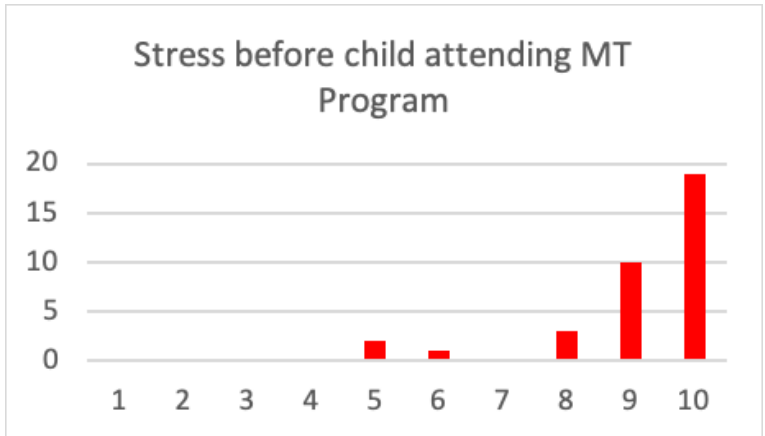
**Figure 12: Massage to improve the wellbeing of children during home visits**

## 1: Impact on the carers or parents

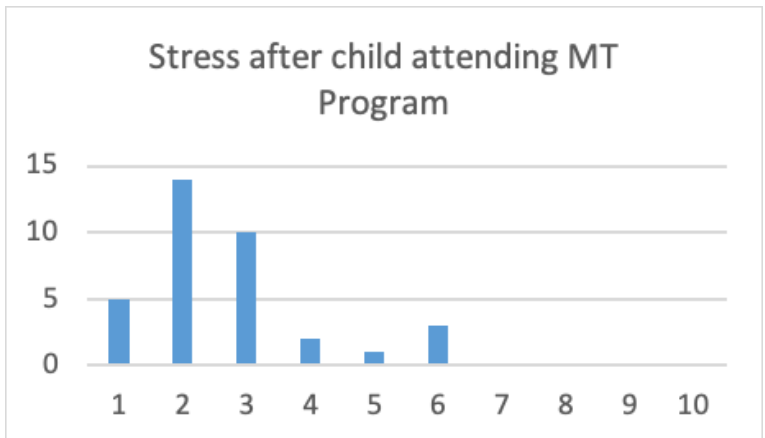
94% of the parents/caretakers interviewed reported that having their child attend MT's Special Needs programme has greatly decreased their stress.

We asked them to rate their stress level before (**Figure 12**) and after (**Figure 13**) their child started attending the programme using a scale of 1-10 (1 being least amount of stress and 10 being the most amount of stress)

- 100% of the parents/caretakers interviewed also reported that they have more time to do other things since their child started attending MT's Special Needs programme;
- 75% reported that they have more time to do their housework;
- 71% reported that they have more time to work and to earn money; and
- 57% reported that they have more time to spend with their other children



**Figure 13: Reported respondent stress prior to special needs programme involvement**



**Figure 14: Reported stress after special needs programme involvement**

## **2: Parent or carer learning**

When asked about the time when they first learned about their child's diagnosis, almost half of the parents/caretakers interviewed said that they learned before enrolling with M'Lop Tapang, 20% found out after their children started with the Special Needs programme, and 31% reported that they still did not know.

Surprisingly, nearly two thirds of those interviewed stated that they did not gain any new knowledge about their child's condition since starting the programme.

The Special Needs programme launched an organized family meeting a couple of years ago. The goal of these meetings was for families to share and learn from each other. However, 83% of those interviewed reported that they did not learn anything from other families.

The implication of diagnosis is that as children, young people and their families have a definitive diagnosis of the condition that they are living with, they have limited access to appropriate support and treatment to help them to understand and manage the condition (Baron-Cohen, et al., 2009; Couteur, et al., 2008).

An increase in prevalence therefore equates to an increase in required resources and associated costs to meet the increased needs (Briggs, 2014) and the Special Needs Programme is striving to achieve this level of support.

### **3: Parent or carer requests for more support**

Initially when asked, most parents were very hesitant to say they wanted more support and that they were just so grateful already for what MT was doing.

When we explained that their response would help shape the programme in the futures, 74% of the parents/caretakers interviewed requested more support from the Special Needs team. The most common requests for additional support included:

- Help with transportation to and from MT's Education Centre
- Full time (all day) classes versus part time (morning or afternoon) classes
- More home visits
- More variety of activities in programmes
- Help with child-specific goals (e.g. Feeding self, dressing, improving speech)



## Chapter 11: Discussion

Average family income is higher than in another recent study we did that focused on impact of providing free medical care. The reason for this is that the Special Needs Programme, unlike other M'Lop Tapang programmes, is open to all local families and not just those living in poverty. The decision to open to all families is based on the fact that there are no other services for children living with Special Needs in the Sihanoukville area.



***Figure 15: Join the dots! Practising fine motor skills***

With the exception of one interviewee, all of the families perceived positive changes in their children since they joined the programme. The changes were often seen in different areas of the child's daily life.

The self-perceived stress levels of the parents/caretakers were significantly reduced with their child being part of the programme. Having children attend the programme also allowed the parents more time to engage in other activities.



***Figure 16: Using Lego® to practise fine motor skills***

Surprisingly, even though each family meets with Special Needs staff and visiting medical and child development specialists, the majority of parents/caretakers reported that they had not learned anything new about their child's condition since being part of the programme or hadn't learned anything from other parents.

For the 30% that reported that they still did not know the child's medical diagnosis, this may be due to not having Khmer language words for conditions like "Autism", "Down syndrome (Trisomy 21)", "Fetal Alcohol Syndrome (FAS)" and others.

It is interesting to note that of all of the children whose parents/caretakers took part in this study, 34% have an initial diagnosis of an Autism Spectrum Disorder (ASD). This is reflected in the number of boys involved in this study (63%) and mirrors the global evidence from the literature which suggests that the prevalence of ASD continues to increase across the world in the second decade of the 21<sup>st</sup> century (Chiri & Warfield, 2012; Baron-Cohen, et al., 2009) with an estimated rate of 1 in 63 being reported (Baron-Cohen, et al., 2009). The ratio of individuals with ASD is reported to be 7:1 male to female (Whiteley et al., 2010).

Approximately 82% of children and young people with Autism have co-existing disorders such as language disorders, Attention Deficit Hyperactive Disorder (ADHD) which also affects their behaviour (Levy *et al.*, 2009). In addition, children and young people with Autism often have coexisting health care needs such as seizures, gastrointestinal problems, allergies and sometimes intellectual disabilities which require continued support (Liptak, Stuart *et al.*, 2006).

## **Chapter 12: Recommendations**

### **1: Recommendation One**

Re-evaluate family meetings format. This may require more training to the staff on how to effectively run these kinds of meetings. A proposed structure is set out in **Appendix One**.

### **2: Recommendation Two**

Present study findings to Special Needs staff and visiting medical/behavioural specialists on high percentage of parents/caretakers who reported not learning anything new. There may be a need to create new teaching styles that will support all participants in the special needs programme to work with and learn from one another. This can be based upon working together and sharing information and detailed in **Appendix Two**.

### **3: Recommendation Three**

Explore/evaluate parent/caretaker requests for more support. While some of the requests (i.e. help with child-specific goals, more variety of activities) may be achieved within the existing programme and at low cost, other requests

(transportation, more all day programmes) would require investments in vehicle, infrastructure/increased classroom space, and staffing levels.

#### **4: Recommendation Four**

Share this service evaluation with our working partners in Cambodia as well as nationally and internationally.

#### **5: Summary**

***Table 1: Summary of recommendations***

<b>Recommendation</b>	<b>Detail</b>
<b>One</b>	Re-evaluate family meetings format.
<b>Two</b>	Present study findings to Special Needs staff and visiting medical and behavioural specialists
<b>Three</b>	Explore and evaluate parent and carer requests for more support.
<b>Four</b>	Share this service evaluation with M'Lop Tapang's partners working in Cambodia.

## Chapter 13: Gallery



**Figure 17: Practising fine motor skills through fun activities**



**Figure 18: 1 to 1 learning for specific fine motor development**





***Figure 19: Learning to count and practising fine motor skills***



***Figure 20: Learning colours***



***Figure 21: Learning colours and counting skills***



***Figure 22: Music time! Participating in the arts programme***





***Figure 23: Cymbals and drums! The arts programme is very popular at M'Lop Tapang***



***Figure 24: Jigsaws are fun and help with fine motor development, counting and shape recognition***



***Figure 25: Painting helping to develop fine motor and colour recognition skills***



***Figure 26: 1 to 1 support from a member of the Special Needs Programme team***

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## **Chapter 15: Appendix One**

### **Section 1: Proposed family meetings format**

1. Set the agenda of the meeting when possible
  - a. Focus upon a specific topic for the meeting
2. Parents introduce themselves and their children
3. Professionals introduce themselves
4. Professionals lead discussion about 'what is going well'
  - a. Group compliments to support positive reinforcement
5. Professionals lead discussion about 'what could be better'
  - a. Group discusses potential solutions in order to learn from each other
  - b. Perhaps small group discussion
6. Break out into a family fun activity that includes:
  - a. Play
  - b. Art
  - c. Messy play
  - d. Music

7. Come back together and review any developments and set the agenda for next time



## Chapter 16: Appendix Two

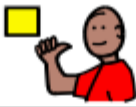
### Section 1: Learning something new with and from one another








This can be used as part of the family meeting structure & format

- Ask the parents and children to complete a 1-page profile for each of the children (**All about me**). This will allow the parents / caretakers and children to tell everyone a little bit about themselves.
- In a group, ask them to present what they have done and support this with positive encouragement and reinforcement
- Ask the parents and children to complete the 'Person Centred Assessment of the Child's Individual Specific Needs'
- This can be kept as part of the child's records
- Ask each parent to share their child's
  - Likes
  - Dislikes
  - Their very special interests
  - How they manage 'difficult times & behaviour'

Section 2: All about me!

# All about me!



	1. What is your name? My name is _____.
	2. How old are you? I am _____ years old.
	3. What color is your hair? My hair is _____.
	4. What color are your eyes? My eyes are _____.
	5. What color is your shirt? My shirt is _____.
	6. What color are your shoes? My shoes are _____.
	7. How are you today? I am _____.

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**Section 3: Person centred assessment of a child's individual specific needs**

**(Kennedy & Binns et al 2016)**

**This summary is to be placed at the front of the child's health, care or education plan**

<b>Child &amp; family name:</b>	
<b>Child with:</b> Autism <input type="checkbox"/> Learning Disability <input type="checkbox"/> Medical Complexity <input type="checkbox"/>	Date of birth:  Age:
<b>Contact details:</b>	
Home address	
Mobile telephone	
<b>Translator / Interpreter required?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Date of attendance</b>	
<b>Assessment completed by who?</b>	
Professional <input type="checkbox"/> Parent /Carer <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Signature</b>	<b>Print name</b>
<b>Professional status</b>	<b>Date completed</b>

## Important points to be aware of



**Dislikes**

**High Priority**

- 
- 
- 
- 



Change of routine



Too much noise



Environment



Absence of structure



Sudden noise



Waiting



Too many people



Tone of voice



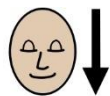
**Medium Priority**

- 
- 
- 
-



Likes  
Special  
Interests

- 
- 
- 
- 



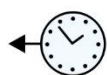
=



What calms down your child / young person when they are anxious?

**Comments:**

- 
- 
- 
-

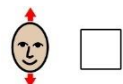


## Past Hospital Experiences

---



Has your child / young person been in hospital before?



Yes



No



Comments

- 
- 
- 
- 
- 
-



## Communication



What method of communication does your child / young person use?



Pictures



Sign language



Verbal



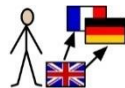
Auditory



Single words



Sensory






Translator required






Comments


- 
-










  
 Do we need to know anything else about your child's / young person's



  
 communication / level of understanding?



  
 Yes



  
 No










  
 Do you or your child / young person have an up to date:




  
 Communication passport?




  
 Yes




  
 No


  
 All about me book?



  
 Yes




  
 No





  
 If yes, please bring this with you.

---

?              
Would you like a social story with photographs?


   
Yes


   
No


---

?              
Does your child / young person make eye contact

=      
when communicating verbally?

   
Yes

   
No

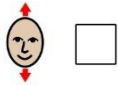
   
Sometimes



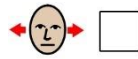
Does your child / young person have any familiar phrases



that would be helpful to staff?



Yes



No



Comments

- 
-



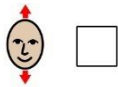
Does your child / young person use a behaviour system?



e.g. traffic light system



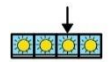
At school



Yes



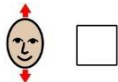
No



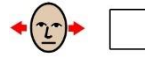
Sometimes



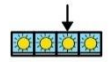
At home



Yes



No





Sometimes



Comments

- 
-

---


  
**Child's Interests**

---





  
 What does your child / young person like playing with?

   
 Books

   
 Group games

   
 Playing alone

   
 Musical games


   
 Computer games


   
 Sensory play

   
 Television

   
 Imaginative play

   
 Drawing/colouring

   
 iPad

   
 DVD

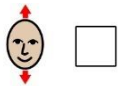


Comments

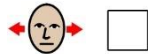
- 
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Is there anything you need to bring with you?



Yes



No

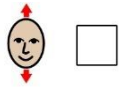


Comments

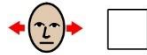
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Does your child / young person have any mobility problems?



Yes



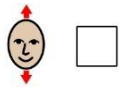
No

 Comments

- 
- 
- 




Do you have any mobility problems?



Yes



No

 Comments

- 
-



**Pain**

---



What was your child's / young person's experience of pain?



Communicate pain verbally



Point to area of pain



Screams



Hitting self



Hitting others



Unable to communicate pain



Don't know

---





## Comments

- 
- 
- 
- 
- 
-



## Behaviour

---



Does your child / young person easily become



Anxious



Frustrated



Challenging



Non-compliant



Comments

- 
- 
-



How does your child's / young person's behaviour present itself?



Angry



Aggressive



Withdrawn



Self harm



Comments

•

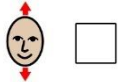


## Medical Procedures

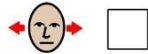
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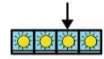
Does your child / young person allow contact?



Yes



No

















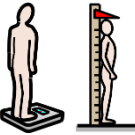



Sometimes






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Will your child / young person engage with nursing / medical procedures?


		 Yes	 No	 Sometimes	 Don't know
	Attending Clinics e.g. out patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>				
	Tolerate being in busy waiting areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>				


		 Yes	 No	 Sometimes	 Don't know
	Examined by doctor / nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>			
	Weight / Height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>			
	Taking medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Comments	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>			


	Taking tablets	 Yes	 No	 Sometimes	 Don't know
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Comments	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
---	----------	--

	Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	-------------	--------------------------	--------------------------	--------------------------	--------------------------







	Comments	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
---	----------	--

	Blood pressure taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	----------------------------	--------------------------	--------------------------	--------------------------	--------------------------

	Comments	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
---	----------	--

	 Yes	 No	 Sometimes	 Don't know
 <p>Needle procedures</p> <ul style="list-style-type: none"> <li>• blood tests</li> <li>• Injections</li> <li>• cannulas</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <p>Comments</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>				
 <p>Local anaesthetic cream</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <p>Comments</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>				



	 Yes	 No	 Sometimes	 Don't know
 Plasters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Comments <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>				



## Education

---



What nursery / school / college does your child / young person attend?



Name of contact



Address



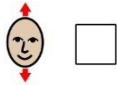
Email



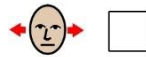
Would you like us to contact the nursery/school/college,



to help with your child's / young person's hospital visit?



Yes



No

 •

Comments •



## Additional Information

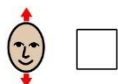
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Is there any further information you want to tell us about



your child's / young person's stay in hospital?



Yes



No

---



## Comments

•

•

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•

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Shoemaker D, Chhim S, Dom S, Ngov C, Kennedy R, Peach D & Rowland AG (2020). **Parents' points of view: an evaluation of the M'Lop Tapang special needs programme, Cambodia**  
M'Lop Tapang & University of Salford: Salford (UK)

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